GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 1 of 1 Ser No. 32301

ENGIE

Gas Safe REGISTER 574561

Enter Company Registration Number

Engineer [redacted]

Gas Safe

Engie Office Address
VoS Accomodation.
Endcliffe Crescent.
Sheffield S10 3GA

Contract Number VoS
Customer Name ENGIE
Site Address ENDCLIFFE VILLAGE
CREWE, SHEFFIELD
Postcode S10 2LL
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	CREWE T	BOILER	VIESSMANN VITODENS200	7570790801073114	NA	RS
2	YES	SERVICE	CREWE U	BOILER.	VIESSMANN VITODENS200	7870790801077112	NA	RS
3	/	/		/	/	/	/	/
4	/	/						

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	NO
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation

Low level free area cm² ~~or ventilation flow rate inlet m³/h~~	Actual 113	Required (Calculated) 0	
High level free area cm² ~~or ventilation flow rate exhaust m³/h~~	Actual 113	Required (Calculated) 0	
All ventilation grills clear and unobstructed (Yes/No)		Fans and/or flue interlocks operating correctly (Yes/No/NA)	

Details of any faults	Remedial Action Taken	Comments and calculations
① HI/LL VENTS - NO GRILLS	—	/
② DISCONNECTED TAKE/DATE	CORRECTED	

Appliance Checks	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	241	241	240	240
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	30.0	1.6	30.0	1.6

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	NA	NA	NA	NA
Gas burner pressure (mbar) or heat input kW/h measured	NA	NA	NA	NA
Gas rating measured (kW/h / NA)	NA	NA	NA	NA
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	52	38	50	34
Oxygen (O_2 %)	6.1	6.2	5.1	6.4
Carbon Monoxide (CO)(ppm)	36	5	63	6

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Carbon Dioxide (CO_2) (%)	8.5	8.4	9.0	8.2
Excess Air (%)	40	42	32	45
CO/CO_2 Ratio	0.0005	0.0001	0.0007	0.0001
Gross Efficiency (%)	99	99	99	100
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	22.0	22.0	22.0	22.0
Working pressure (mbar)	20.5	21.7	19.8	21.5
Is appliance safe for use (Yes/No)	YES	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	AM00 SPW1 VS00			
Test Instrument serial number	V300JQE5390.			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date	8/4/20
Signature	[redacted]

Customer, Yellow - Service Centre, Pink - Site, Green - Engineer

GAS SAFETY CERTIFICATE

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Page 1 of 1 Ser No. 31549

ENGIE

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address
DAS Accounting
Eastfield House
Sheffield S10 3EA

Contract Number UoS
Customer Name QAE
Site Address Sheffield Utilities
Arena AFC, Sheffield
Postcode S10 3GA
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

GAS safe REGISTER
574561
Enter Company Registration Number

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	Arena AFC Plant Room	Baxi	Viessmann Vitocrossal 300	7176778601585103	NA	RS
2	YES	SERVICE		Baxi	Viessmann Vitocrossal 300	7176779602124109	NA	RS
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	NO
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas Installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas Installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² or ventilation flow rate inlet m³/h	Actual 0	Required (Calculated) 0	
High level free area cm² or ventilation flow rate extract m³/h	Actual 0	Required (Calculated) 0	
All ventilation grills clear and unobstructed (Yes/No) NA	Fans and/or flue interlocks operating correctly (Yes/No/NA) NA		

Details of any faults	Remedial Action Taken	Comments and calculations
—	—	Recessed HL/LL vents installed for cooling purposes.
—	—	
—	—	

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	YES	YES	YES	YES
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	140	140	122	122
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	66.6	15.0	49.0	11.0

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	NA	NA	NA	NA
Gas burner pressure (mbar) or heat input kW/h measured	NA	NA	NA	NA
Gas rating measured (kW/h / NA)	NA	NA	NA	NA
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	62	53	66	54
Oxygen (O_2 %)	5.2	5.6	5.2	5.7
Carbon Monoxide (CO)(ppm)	15	4	12	6

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Carbon Dioxide (CO_2) (%)	8.8	8.7	8.8	8.6
Excess Air (%)	33	37	37	37
CO/CO_2 Ratio	.0002	.0000	.0002	.0001
Gross Efficiency (%)	98	99	98	99
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	23.1	23.1	23.1	23.1
Working pressure (mbar)	18.0	20.8	18.0	20.8
Is appliance safe for use (Yes/No)	YES	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	AT100 SAM71800			
Test Instrument serial number	N300JQE5390			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date 5/10/20

Signature [redacted]

Customer, Yellow - Service Centre, Pink - Site, Green - Engineer